

**Cancer is the
number one cause
of death of
Americans under
age 85.**

Partners...

**A Newsletter for Partners and Providers of Early Detection Works,
Kansas Breast and Cervical Cancer Screening & Detection Program**

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**North Central
Vacant
785-452-6361**

**South Central
Sherry Haworth, RN
316-660-7332**

**Southeast
Stephanie Thompson,
RN
620-235-7136**

**West
Shelly Nelson, RN
620-275-5302**

**Early Detection Works
Toll-free Hotline
1-877-277-1368**

Director's Message

Thank you to all providers who submitted their bills on time! As the number of women to be served increases, it is imperative that all providers submit their bills monthly to ensure prompt reimbursement. Unfortunately, more than 25 percent of the bills for services provided last fiscal year were submitted over one month late. Because this is a grant, with beginning and ending dates, we would appreciate your cooperation in submitting bills to your regional nurse monthly. Provider contracts state that:

Patient screening and/or follow-up forms must be submitted monthly or as determined by the Regional Nurse. At the close of the fiscal year (June 30) forms will be accepted no later than July 30, unless exceptional circumstances exist as approved by the KDHE Program Director.

By submitting your bills within a month of the service date, you are assured of timely payment, and we are better able to budget for screening and diagnostic services.

At the close of each fiscal year, we receive inquiries about payment for services, especially from subcontractors who are not currently 'direct pay.' Although we are happy to answer your questions, we encourage communication between the provider and their subcontractors (labs, surgeons, etc.) Early Detection Works staff continue to encourage the 'direct payment' option for all subcontractors. If you, as a subcontractor, are not currently 'direct pay' please discuss this with the provider for whom you subcontract. If you are interested in the direct pay option but have questions, please don't hesitate to contact your regional nurse.

The primary goal of Early Detection Works is to provide screening and if needed, diagnose cancer early – and thus save the lives of Kansas women through quality care provided by Kansas clinicians. Our secondary goal is to reimburse EDW providers and subcontractors in a timely manner, with a goal of four weeks or less from the receipt of the forms to reimbursement. Although we can't always meet this goal, with your help in submitting forms each month, we will be closer to achieving our goal.

During the last grant year (July 1, 2004 through June 30, 2005) EDW reimbursed services for almost 6,000 women – the most women served in the history of this program. Thank you to each provider, subcontractor, nurse and partner of the EDW Program!

By now, EDW providers should have received a copy of the new guidelines for services to women under 40 years old. As of July 1, the EDW program has state funding to provide eligible women (250 percent of federal poverty, without insurance) with screening and diagnostic services. When breast or cervical cancer is diagnosed through the EDW program, women are eligible for treatment. If you did not receive a copy of the new guidelines, please call us at (785) 296-1207 or visit our website at http://www.kdheks.gov/edw/ks_provider_patient_eligibility.html.

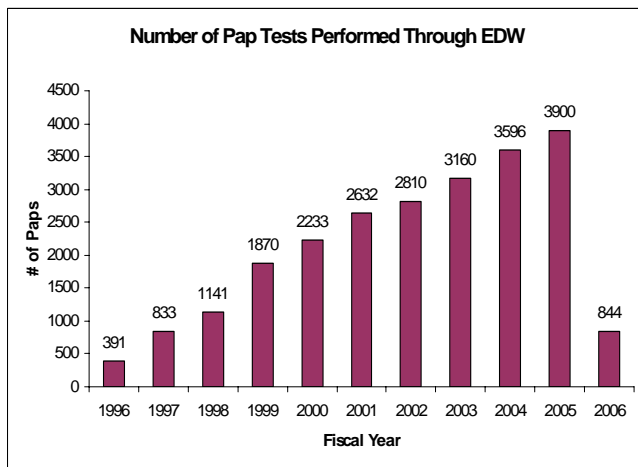
*Janet Neff, Director
Cancer Prevention and Control Program*

Cervical Cancer Awareness Month

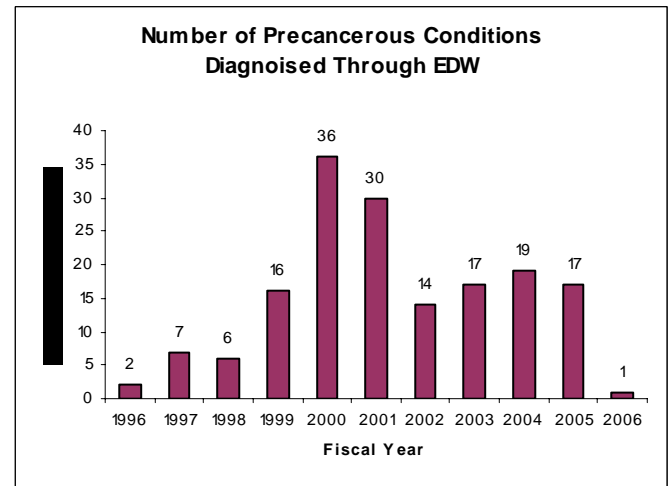
Once the number one cause of cancer death among U.S. women, as a result of the Pap test, cervical cancer today accounts for only about two percent of the cancers of Kansas women. In an effort to reduce that number still more, January has been designated Cervical Cancer Awareness Month to call attention to this disease and to the simple test that can prevent it.

First used in 1943, the Pap test is probably the most successful screening tool ever developed for cancer, reducing cervical cancer death by more than 70 percent. Abnormal changes in cells can often be detected before cancer develops, allowing for outpatient treatment to prevent the development of cervical cancer.

In 2003, 107 new cases of invasive cervical cancer were diagnosed in Kansas women, and 35 Kansas women died of this disease. Sixty to 80 percent of invasive cervical cancer cases diagnosed each year occur in women who have not had a Pap test in five years or more, if ever. The U.S. Preventive Services Task Force recommends that women begin having Pap tests at age 21 or three years following the onset of sexual activity, whichever comes first.



Since its origin in October 1995, Early Detection Works (EDW) has provided 23,410 Pap tests for women in Kansas. During this time, EDW has diagnosed 20 cases of invasive cervical cancer. When cancer does develop but is discovered and treated early, the cure rate for cervical cancer is more than 90 percent. Should a cancer or a precancerous condition be detected through EDW, the woman is referred to the Medicaid program, which provides cancer treatment for women diagnosed by EDW.



Lack of regular screening increases the risk of finding advanced dysplasia or cervical cancer. The Pap test can detect precancerous conditions, abnormalities of cervical cells (CIN II and CIN III), early enough that the condition can be treated in time to prevent the development of cancer. EDW cervical screening has identified 165 precancerous conditions in Kansas women which, when treated in a timely manner, were prevented from developing into invasive cancer.

Several factors increase the risk of developing cervical cancer. These risk factors include a history of multiple sex partners, having a partner who has had multiple partners, or having had sexual intercourse prior to age 16. These factors increase a woman's chance of contracting human papillomavirus (HPV), a sexually transmitted virus that is the foremost risk factor for cancer of the cervix. HPV is very common and does not always lead to cervical cancer. At some time in their lives, an estimated three out of four people become infected with the HPV virus and generally it causes no symptoms, although it may develop into cancer over a period of years. While there are more than 100 types of HPV, only a few have the potential to cause cancer. Doctors currently believe that over 90 percent of cervical cancer is caused by the HPV virus, which someday may be prevented by a vaccine.

Additional risk factors for cervical cancer include HIV-AIDS infection or other conditions that compromise the immune system, and cigarette smoking. In one study, carcinogenic substances from tobacco were found in the cervical cells of women who smoke. It is not clear whether smoking impairs the immune system or whether the cancer-causing agents in cigarette smoke directly lead to cancer. In either case, increased screening followed by appropriate medical treatment can lower the incidence of invasive cervical cancer.

Four Tribes Women's Wellness Coalition Organizes

The Four Tribes Women's Wellness Coalition (FTWWC) is a non-profit organization established this past year to promote health among the women and their families of the four American Indian tribes of Northeast Kansas – the Ioway, Kickapoo, Pottawatomie, and Sac and Fox.

Dee Ann DeRoin, M.D., M.P.H., Coalition President, explains, "Our goal is to disseminate information about maintaining good health, preventing illness, screening and early detection of disease, and health resources. Our primary focus is on early detection and prompt treatment of cancer, prevention of preventable cancers, prevention of heart disease, and prevention and good control of diabetes." The Coalition is governed by an 11-member board which represents all four tribes and includes four tribal councilwomen.

"In our first project we are partnering with the Early Detection Works Program of the Kansas Department of Health and Environment to educate women about the importance of screenings for breast and cervical cancer," said Dr. DeRoin. "Members of the Coalition are doing outreach to identify women who haven't been screened. They are available to do educational presentations to interested community groups, large or small."

The Kickapoo Tribe in Kansas has donated office



Board Members, left to right: Arlene Wahwasuck, RN,MN; Sebe Masquat, RN; Deb Whitebird, Kickapoo Vice-Chair; Dee Ann DeRoin, MD, MPH and Carol A Shopteese, LMSW.

space in their tribal court building. The Sac and Fox Tribe is providing bookkeeping services. The Ioway, Sac and Fox, and Kickapoo Tribes have made contributions to support the work of the Coalition.

Janet Neff, Cancer Prevention and Control Program Director, is delighted at the enthusiasm of the FTWWC and looks forward to supporting their efforts.

For more information, contact Dr. DeRoin (785) 843-6639.

Welcome to Melissa

The cheerful voice you hear answering the EDW telephone these days is that of Melissa McCracken, new Senior Administrative Assistant for the Early Detection Works Program. Melissa comes to EDW with five years of experience in claims processing for an insurance company, so the world of medical terminology is not a new one to her.



Melissa McCracken

Melissa has two young children and a husband at home yet still finds time to work on her Bachelor's degree in business through Baker University. In her spare time, she enjoys cross-stitching and playing volleyball.

We welcome Melissa McCracken to the Early Detection Works Program. If you need forms, brochures or other materials, please call Melissa at (785) 296-1207.

Cervical Cancer Rates Vary

Cervical cancer screening rates vary among different racial and ethnic groups, as does the incidence of cervical cancer. In Kansas, from 2003-2004, it is estimated that 86 percent of women age 18 and older had received a Pap test within the past three years, according to the Kansas Behavioral Risk Factors Surveillance System. The highest percent was among African-American women (92 percent) and the lowest among Hispanic women (79 percent).

Possibly as a result of different screening practices, cervical cancer incidence rates also vary significantly. The cervical cancer incidence rate for white women is about 9.3 cases per 100,000 U.S. women while for American Indian women it is about 6.6 cases per 100,000 women. For African-American women the cervical cancer incidence rate is about 12.6 cases per 100,000 and for Hispanic women about 17.3 cases per 100,000. Among Vietnamese women, the cervical cancer incidence rate rises to 43 cases per 100,000 women.

Clinical Trials for Breast Cancer

The following list includes current clinical trials being conducted for breast cancer in Kansas. Please contact the research facility listed below for information:

University of Kansas Medical Center Research Institute
3901 Rainbow Boulevard
Kansas City, KS 66160-7702 USA
Phone: 913-588-1242
E-mail: lkemble@kumc.edu

Kansas City; University of Kansas Medical Center Research Institute:

DCR# 2482 A study to determine if the study drug is likely to decrease the risk of breast cancer development. This will be done by checking to see if breast cell growth rates decrease in high-risk women who have taken six months of the study drug.

Kansas City; University of Kansas Medical Center Research Institute DCR# 2189:

A study to examine the ability of the study drug to change the rate of cell growth as well as expression of proteins

associated with breast cancer when compared to placebo.

Kansas City; University of Kansas Medical Center Research Institute DCR#2665:

A study for subjects with advanced metastatic breast cancer to find out what effects, if any, the study drug has on the cancer, to test the safety of the study drug and to see what effects it has, and to find out how the expression of certain proteins by breast cancer cells relates to your response to treatment with the study drug.

Lenexa Research Site:

A Study to Assess Xeloda (Capecitabine) in patients with locally advanced or metastatic breast cancer.

Various Cities; Research Sites:

The purpose of this study is to evaluate Ulvestrant in the preliminary stage of breast cancer treatment and assess the relationship between dose, exposure, degree of reduction in tumor markers, and efficacy in postmenopausal women with estrogen receptor positive disease.

Wichita Research Site:

A Randomized, Double-Blind, Placebo-Controlled Study to Evaluate AMG 162 in the Treatment of Bone Loss in Subjects Undergoing Aromatase Inhibitor Therapy for Non-metastatic Breast Cancer

Cindy Hasvold, R.N., Public Health Nurse

Early Detection Works Program

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